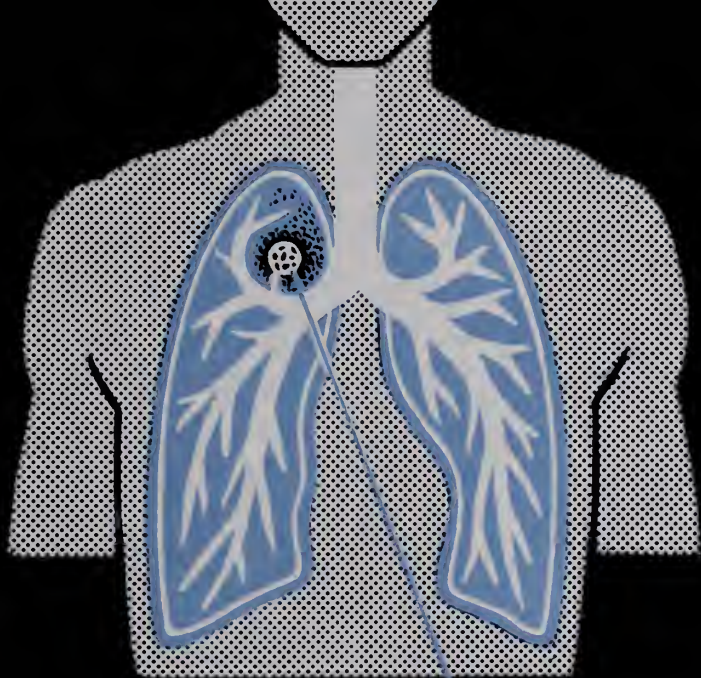




CHEST SURGERY

in

TB

REST

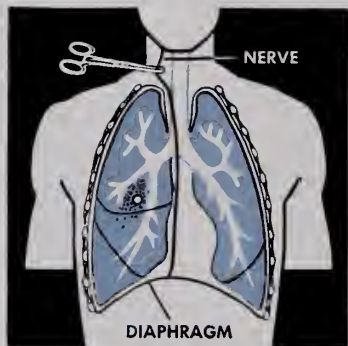
lungs damaged by TB less work to do in breathing; it gives sick lungs a chance to heal.

Sometimes bed rest and sanatorium care are not enough to cure a person's TB. The sick lung may need more rest than it is getting. If so, there are certain things that can be done to give extra rest and relaxation to the lung.

Not everyone with TB needs chest surgery. Nor is chest surgery the best thing for everyone with TB. A doctor experienced in chest work must say who needs surgery and choose the right operation.

Even then, surgery does not take the place of bed rest. Surgery merely helps bed rest do its job. Here are the ways surgery gives extra rest and relaxation to the lung:

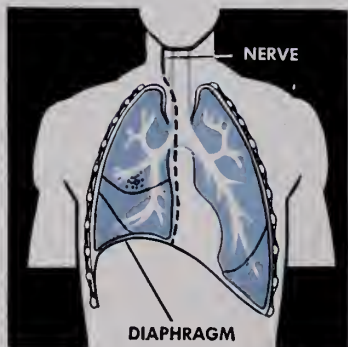
is the best treatment for tuberculosis. This means rest in bed. Bed rest in a good sanatorium or TB hospital is best. Rest gives



PHRENIC NERVE PARALYSIS

THE OPERATION. This operation stops the action of the phrenic nerve which controls the diaphragm—a powerful muscle that moves up and down with each breath.

HOW IT'S DONE. The phrenic nerve is crushed with an instrument. That side of the diaphragm then stops moving. In about six months the nerve grows back and the diaphragm again moves normally. This temporary paralysis can be repeated one, two or even three times. When the surgeon wants a permanent paralysis of the diaphragm, he cuts the nerve instead of crushing it.



HOW IT HELPS THE LUNG TO HEAL. Crushing the phrenic nerve halts the diaphragm, saving the lung much motion. During the time that the diaphragm is paralyzed it stays higher up in the chest. This shortens the distance between the top and bottom of the lung and gives relaxation to the diseased area. Usually phrenic nerve paralysis is used, along with bed rest, in the treatment of disease that is not too extensive.

PNEUMOTHORAX

THE OPERATION. Pneumothorax introduces air between the two layers of the pleura. One layer of pleura lines the chest wall, the other covers the lungs.

HOW IT'S DONE. A measured amount of air is introduced into the space between the two layers of pleura. This places a cushion of air around the lung and causes the lung to occupy a smaller space. The air is slowly absorbed so it must be replaced from time to time.

HOW IT HELPS THE LUNG TO HEAL. The lung becomes smaller and so does the cavity, which then has a much better chance to heal. The air cushion also keeps the lung relaxed and lessens its movement when the patient breathes. In this way the pneumothorax puts the areas of tuberculosis in the lung at rest so that healing may take place.

THINGS TO REMEMBER. 1. Some types of tuberculosis do not respond well to pneumothorax. The doctor must decide who needs it, and for how long. 2. Pneumothorax does not take the place of bed rest. 3. Most pneumothorax patients become able to lead fairly normal lives even while receiving pneumothorax.

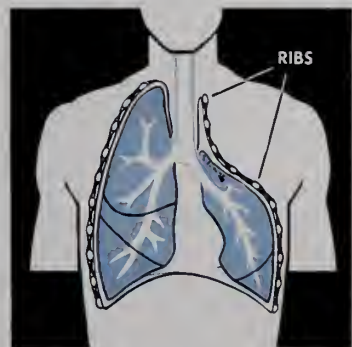
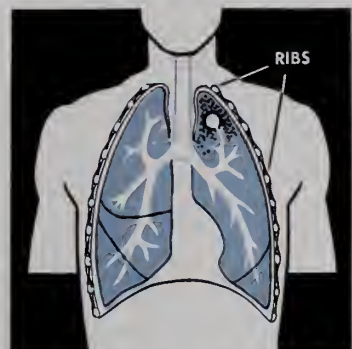
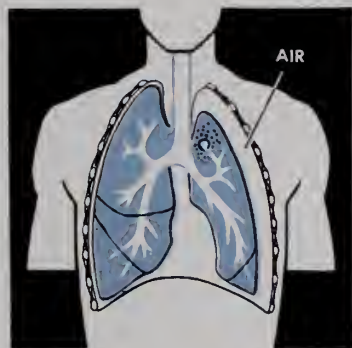
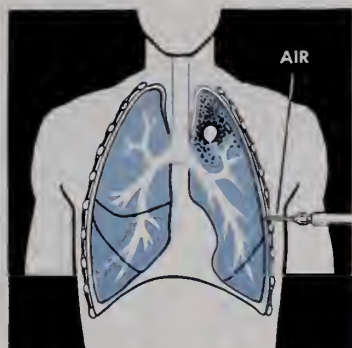
THORACOPLASTY

THE OPERATION. Thoracoplasty is an operation designed to give rest to the lung by the removal of the ribs over the diseased area.

HOW IT'S DONE. First the ribs over the diseased area are removed. This permits the muscles and other structures in that area to fall inward, thus relaxing the diseased part of the lung. This operation is not performed all at once. Doing a thoracoplasty in stages makes it safer and easier for the patient. Where the ribs have been removed, new ribs will grow in about three months. These newly formed ribs will grow in such a way as to keep the diseased area permanently collapsed.

HOW IT HELPS THE LUNG TO HEAL. Thoracoplasty provides *permanent* collapse of the diseased part of the lung.

THINGS TO REMEMBER. 1. It can be done without causing marked change in the outside appearance of the body. Change is so slight that it is hardly noticeable in a person fully clothed. 2. Most patients treated by thoracoplasty return to active, normal life.



OTHER CHEST SURGICAL PROCEDURES

and what they mean

PNEUMONOLYSIS—an operation to make pneumothorax more effective by cutting adhesions that hold the lung to the chest wall.

LOBECTOMY—the removal of part of a lung.

PNEUMONECTOMY—the removal of one whole lung.

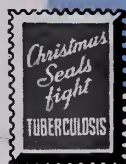
PNEUMOPERITONEUM—introduction of air into the abdominal cavity to push up the diaphragm.

EXTRAPLEURAL PNEUMOTHORAX—introduction of air between the *outer* layer of pleura and the chest wall.

CAVITY DRAINAGE—designed to provide outside drainage of tuberculous cavities.

Chest surgery is an important aid in the treatment of tuberculosis. If you want more information about surgery in TB, ask your doctor. He is the one to advise you.

For additional advice on this or any other question about tuberculosis consult your physician, your health department, or YOUR TUBERCULOSIS ASSOCIATION.



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